FÉDÉRATION EUROPÉENNE DES MÉDECINS SALARIÉS
EUROPEAN FEDERATION OF SALARIED DOCTORS

Dr Enrico Reginato, President

Date :	**19 – 04 - 2013**	**Document:**	**F13-013 EN**
Title:	**Proposal to the EMO Presidents Committee on European Standards**		
Authors:	**Enrico Reginato**		

On 1 June 2011, the European Commission published a legislative proposal for a Regulation of the European Parliament and of the Council on European Standardisation and amending Council Directives 89/686/EEC and 93/15/EEC and Directives 94/9/EC, 94/25/EC, 95/16/EC, 97/23/EC, 98/34/EC, 2004/22/EC, 2007/23/EC, 2009/105/EC and 2009/23/EC of the European Parliament and of the Council (COM (2011) 315 final).

CPME, with document 2011/147 Final, commented the legislative proposal for a regulation on European Standardization [COM (2011) 315 final].

UEMS, on the 14th September 2012, sent an open letter to the presidents of EMOs on the same problem: the standardization of medical practice, to be discussed by the EMOs Presidents in the meeting of Limassol in November 24th 2012. The document was agreed by the Presidents.

We are confident that the purpose of the European Commission was directed to promote healthcare in favour of EU citizen, but their answer to this need was, in our opinion, wrong.

While there is a strong involvement of EU and of all EMOs on the problem of Professional Qualification, we must be aware that quality of care is not only based on the professional qualification, but depends also from other important factors inside the Health systems. Quality assurance is based on three points of evaluation: structure, process and result. If the structure and the process are not adequate, even the highest level of professional competence cannot assure the quality of the system.

These Medical Organisations reaffirm that the best way for saving money in health care is to assure high quality of care, which requires appropriate structures and organization, as well as good working conditions for the health workers.

EU is facing two problems; the first one is the expected reduction of healthcare workers (less 13% in 2010). On April 18 2012, the Commission adopted a Communication "*Towards a job rich recovery"* which sets out a range of measures to encourage employment and strengthen economic growth in Europe. It also identifies healthcare as one of three key sectors with a high employment potential and includes an Action Plan for the EU health workforce**.** (See IP /2012/380). EU Commission, in this document, is also very concerned about the problem of skill and professional development of Health professional as well as the demography and the migration of professionals, mostly in direction from east to west EU member countries.

The second great problem for the Health systems is the, hopefully temporary, economic crisis, that induced many member States to cut resources to their National Health Services.

While in a period of crisis the EU Commission considers that there is more need of medical care in favor of the people involved in improving the production, in favor of workers who see their retirement age procrastinated, in favor of people that, becoming poorer, cannot afford the best medical care or must contribute “out of pocket”, the policy of many Countries is to cut the public health expenditure, operating cuts of hospital beds, salaries, employment, technologies, endorsement to private, which means only saving public money, but cost for citizens and worsening of the level of care.

The working conditions and the level of wages of the healthcare workforce may be affected longer term by the current economic crisis. There is recent and worrying evidence that the cost containment measures to reduce public expenditure is profoundly affecting the recruitment and retention of healthcare staff Maintaining an adequate supply and quality of healthcare services under severe budget constraints is thus a key issue to be addressed by policy makers.

With these perspectives, the quality of assistance is facing a quick decline, the EU citizens risk a lowering of their healthcare and doctors, even with the highest professional skills, will be responsible, ethically and legally for the cases of malpractice that will inevitably follow the decline of the system.
When the crisis will be over, after the operated cuts to structures, personnel and research, it will be difficult to quickly go back to the pre-crisis level, (provided that pre-crisis level were adequate in all member Countries, and we know that it is not like that).

European healthcare systems are in need of standardisation of availability and quality of resources as their deficiencies already negatively affect quality of care and safety and will become even more significant in near future. A minimum European standard for structures, technologies and process would therefore, be instrumental in blocking the tendency, in many countries, of reducing the expenditure in their National Health Systems, just to immediately save money but at the cost of a significant damage for citizens and professionals.

It will be advisable to define the minimum number of beds and territorial structures related to the number of inhabitants (usually n. of beds/1000 people), the specialties per catchment area, the hospital net organization, threshold values for specific activities, organizing standards for the Clinical Governance (risk control, process, patient safety ……)and the minimum necessary staff for the different activities.

FEMS invites the presidents of EMOs to solicit the European Commission to take this feature into consideration.

Enrico Reginato

FEMS President